

Meeting: Governing Body			
Meeting Date	22 November 2017	Action	Receive
Item No.	8b	Confidential	No
Title	QIPP Report		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
Author	Amy Lepiorz, Deputy Director of Primary care / QIPP Lead Lisa Featherstone, Deputy Director of Business Delivery Sufya Koli, Project Support Officer		
Clinical Lead	Howard Hughes, Clinical Director		

Executive Summary
This paper provides an update on the progress against the development and delivery of the QIPP plan for 2017-18.
Recommendations
The Governing Body are asked to note the content of the report and the developing QIPP plan for 17/18.

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input checked="" type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input checked="" type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input checked="" type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input checked="" type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input checked="" type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input checked="" type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF Risk 6.1 – Inability to identify sufficient QIPP Programmes	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						

Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<p>Though progress is taking place to identify and deliver sufficient schemes for 2017-18 there is a risk that an inadequate number of schemes will be developed and implemented.</p>						

Governance and Reporting		
Meeting	Date	Outcome
Name of meeting		

## QIPP Report October Position 2017

### 1 Introduction

- 1.1 This paper provides an update on the current progress on developing QIPP schemes for 17/18.

### 2 Background

- 2.1 The CCG has adopted a new Business Delivery Framework for the management of QIPP schemes with a clear focus on the delivery of schemes that will result in significant quality improvements or financial savings.
- 2.2 The CCG has also embraced the RightCare methodology which aims to reduce unwarranted variation by the early engagement of clinicians and patients in service redesign. This approach will see a smaller number of more resource intensive schemes being the focus of the QIPP plan.
- 2.3 Due to the work undertaken over previous years it is recognised that the opportunities for simple, quick wins are limited. There is also recognition that a number of concepts have been incorporated into the Locality Plan as part of wider transformational change.
- 2.4 The QIPP challenge for 17/18 is £5.4m.

### 3 QIPP Current Position 2017-18

- 3.1 At the current financial projections the QIPP achievement for 2017/18 will be £486,476.
- 3.2 Appendix 2 shows the current forecast financial achievement for the next 5 years.

### 4 Project Assurance Group Update (October)

- 4.1 The following schemes are being monitored through the Project Assurance Group:
- **Sub-Acute Rehab**
- 4.2 This scheme involves a review of the sub-acute rehab provision, appropriate use of this provision and length of stay. It is 16/17 scheme that continued on the tracker, though under the new BDF it became clear that the qualitative and financial benefits were not fully understood. To support understanding of what the scheme could achieve, it was agreed that an audit of the facilities would be undertaken for final presentation in November.
- 4.3 Since the last PAG a paper has been presented to Clinical Cabinet and the ward has now closed. This project has therefore finished and confirmation if a financial saving has been made is being sought.

- **Clinically Appropriate Blood Testing**

4.4 This scheme consists of two phases. Phase 1 is being led by the primary care team with the aim of reducing tests for Vitamin D and ESR in primary care. Phase 2 is being led by the commissioning team and looks to reduce the volume of a wider range of blood tests being undertaken in a clinical setting.

- **Phase 1**

4.5 A review of the quarter 1 data has now been completed and shows a consistent reduction in ESR testing. Initially, there were concerns of a possible increase in CRP testing as an alternative test to ESR, however analysis of CRP data shows no increase, however this will continue to be monitored and any concerns are to be raised at PAG.

4.6 The scheme is delivering a reduction in spend on ESR and Vitamin D testing and remains on track to deliver an estimated £110k reduction over the year.

4.7 Quarter 2 data will be reviewed at the November PAG, where the focus will be on identifying, managing and targeting outliers.

- **Phase 2**

4.8 The clinical decision to continue with the scheme has been supported at Clinical Cabinet.

4.9 Financial estimations for the progression of the scheme were shared; these predictions were based upon the clinical leads predictions. On average, these predictions show an estimated saving of £6k monthly based on current testing trends.

4.10 Discussions around the financial commitment to progress the required T-Quest changes are taking place with other NES CCGs.

4.11 It was agreed the project should aim to ensure the T-Quest change is made prior to January 2018, allowing for sufficient data to be collected so firm financials can be included in the tracker from April 2018.

- **High Cost Drugs**

4.12 The aim of the scheme is to identify and deliver savings associated with the high cost drugs recharged to the CCG from Pennine Acute Hospital Trust (PAHT). This includes the implementation of the Blueteq© system.

4.13 The project is moving ahead positively and the KPIs have been amended and agreed.

4.14 It is expected that financial savings will be released earlier than planned, these will be presented at the November PAG.

- **Integrated Community Cardiology Service**

4.15 This scheme will develop pathways in Cardiology identified due to poor patient outcomes against a high level of spend as an Integrated Community Cardiology

Service. The 5 conditions prioritised as key areas to be addressed are; chest pain, heart failure, syncope, valve disorder and atrial fibrillation. The project has proposed a 12 month pilot to support the implementation of an Integrated Community Cardiology Service and revised pathways.

4.16 The project was reported at PAG as being on track.

- **Persistent Pain Pathways**

4.17 The scheme is intended to re-design the current Pain Management Pathway within the MSK Service, commissioned from PAHT, to introduce a Stepped Bio-Psychosocial Model of Care. The service will be part of the Bury Integrated MSK service and will be provided in partnership with Pennine Care psychological services.

4.18 The revised pathway would see more patients being managed in tier 2 through a more holistic approach looking at their physical health needs and mental health needs and encouraging self-management/care.

4.19 The project was reported at PAG as being on track. Some changes to the finances have been noted and will be explored at the November PAG.

- **Medicines Optimisation**

4.20 The Medicines Optimisation Team are undertaking a number of schemes in 2017/18. The schemes comprise of several elements, but will be monitored via the PAG as one overarching scheme known as 'Medicines Optimisation- Invest to Save'.

4.21 The schemes will be discussed at the November PAG.

4.22 The schemes are predicted to save a total of £288,580 in 17/18.

## **5 Project Development Group Update (October)**

5.1 No PDG took place in October.

## **6 Recommendations**

6.1 The Committee is requested to:

- note the content of the report

**Amy Lepiorz**  
**Deputy Director of Primary Care / QIPP**  
**Lead**  
**November 2017**

**Lisa Featherstone**  
**Deputy Director of Business Delivery**  
**November 2017**

**Sufya Koli**  
**Project Support Officer**  
**November 2017**

## Appendix 1: QIPP Plan

Scheme Title	Progress	Workstream	Brief description of scheme	Date Concept Sheet Expected	Date Project Brief Expected	Date PFD Expected	Project Lead	Clinical Lead	Managerial Chair	Governing Body Lead	Finance Lead	Business Intelligence Lead
Integrated Community Cardiology Service	Live Scheme	Elective Care	Introduction of 5 clinical pathways: • Chest Pain • Heart Failure • Syncope • Valve Disorder • AF				C Tickle	Fin McCaul	K Richardson	M O'Dwyer	S Beswick	D Goldstone
Clinically appropriate blood tests	Live Scheme	Elective Care/Primary Care	The first phase, which is currently underway concerns specific tests - Vitamin D deficiency and ESR (erythrocyte sedimentation rate). New local guidance was drafted and communicated to GPs. Monitoring is underway. This project brief concerns 'Phase 2'. Phase 2 proposes to extend the scheme to a range of other tests including: TSH, B12 & Folate, Ferritin, HbA1c, Troponin, D-dimer, Urea.				M Hargreaves / R Schofield	Cath Fines	C Tickle	H Hughes	H Griffin	T Edge
Sub-acute rehab	Live Scheme	Urgent Care	This is just the sub-acute element of the 16/17 intermediate care scheme. It covers the use of step-down beds				N Begum	V Moyle	D Latham	V Moyle	G Throu / K Reid	D Goldstone
High Cost Drugs	Live Scheme	Medicine Optimisation	The aim of the scheme is to identify and deliver savings in the High Cost Drugs recharged to the CCG from Pennine Acute Trust.				J Tilstone	N Saleem	A Lepiorz	M O'Dwyer		
Persistent Pain Pathway	Live Scheme	Elective Care	To implement a revised pathway for the management of patient with persistent pain, subsequent work has been undertaken with PAHT to review the proposed local pathway against the national back pain pathway, to ensure these are aligned where appropriate, recognising that not all elements could be implemented at this stage.				C Tickle	D Cooke	K Richardson	M O'Dwyer	C Marshall	
Gastro-Intestinal Pathway Design	Live Scheme	Elective Care	Implement pathways for Chronic constipation, Chronic Diarrhoea and IBS/Functional Bowel Disease Pathway, Dyspepsia/GORD pathway, Suspected IBD pathway, Review and management of ascites - ambulatory care model for ascetic drains and Abnormal LFTs Pathway				A Goodall	D Cooke	C Tickle	M O'Dwyer	C Marshall	D Goldstone
Medicine Optimisation - Invest to save 17/18	Live Scheme	Medicine Optimisation	This involves several medicines optimisation schemes, including baby milk, carbocisteine, dicycloverine, buprenorphine reviews and pregabalin switches				J Tilstone	N Saleem	A Lepiorz	M O'Dwyer	Sarah Jewitt	
Mental Health Rehab & Recovery Model	Concept Stage	Mental Health	Redesign of the mental health rehab and recovery pathway alongside the LA and supported housing.	Nov-17			B Wright	J Schryer	K Richardson	J Schryer		G Williams
Enhanced Hospice at Home	Concept Stage	End of Life	Creation of an hospice at home service to minimise the number of deaths in acute of community settings	Nov-17			A Goodall	D Hartley	K Richardson			G Williams
Integrated Care Practitioners (linked to primary care)	Concept Stage	Primary Care	Integrated Care Practitioners in Primary Care. Work with older people whose long term health conditions (LTCs) are affecting their sense of wellbeing and putting them at risk of unplanned hospital admission. Working as part of the GPs' Multi-Disciplinary Teams will work alongside people to help them identify and achieve goals that will improve their sense of wellbeing.	Nov-17			U Darsot	F McCaul	K Richardson			D Goldstone
COPD Nebuliser	Concept Stage			Nov-17			U Darsot	F McCaul	K Richardson			
Tele-Dermatology	Concept Stage	Elective Care	Introduction of tele-dermatology for tele-lesions	Nov-17			U Darsot	D Cooke	K Richardson			D Goldstone / G Williams
Epilepsy	Concept Stage	Urgent Care	The appointment of a specialist epilepsy nurse will lead to patients with epilepsy being more stable in the community with improved self-management. This will lead to reductions in A&E attendances and subsequent emergency admissions.	Nov-17			N Begum	D Cooke	K Richardson			Z Butcher
Dermoscopy	Concept Stage	Elective Care		Nov-17			U Darsot	D Cooke	K Richardson			
WSH Ratios, Admissions and DTOCs	Concept Stage	Elective Care	To contract for better than average ratio's within 1st outpatient to follow up appointments, C2C etc. Contracting for a first to follow up appointment ratio in line with Better Care Better Value.	Nov-17			I Trafford	D Cooke	K Richardson			Z Butcher
Review Rheumatology Pathway	PFD	Elective Care	Review of the rheumatology pathway			Dec-17	N Begum					D Goldstone
Respiratory	PFD	Elective Care	To review the RightCare data to see if there are potential savings/quality improvements that could be made to the Respiratory pathway.			Feb-18	U Darsot	F McCaul	C Tickle	K Patel	C Marshall	D Goldstone
Review of Endocrine Data	Project Brief	Elective Care	Obtain a more detailed breakdown of endocrine data using Dr Foster and Right Care Data		Apr-18		A Goodall					
CVD - Rightcare	Project Brief	Elective Care	Further analysis to be done of the Right Care data for CVD to inform next priority area after CHD		Apr-18		C Tickle	Fin McCaul	K Richardson	M O'Dwyer		D Goldstone
Complex Patients - High intensity users: Investment into the NWS Freq User team	Project Brief	Urgent Care	(Following the options presented at the July 2017 PDG) To scope the affects of additional investment into NWS Frequent Caller Team to increase capacity to work with Bury frequent callers		Jan-19		I Trafford		D Latham	C Marshall		G Williams

## Appendix 2: QIPP Financial Performance for 2017/18

Reference	Scheme Title	Progress	Workstream	Status	Brief description of scheme	Scheme Status (Financial RAG Rating)	Forward planning				
							2017/18 FYE £	2018/19 FYE £	2019/20 FYE £	2020/21 FYE £	2021/22 FYE £
MSKEC-01.001	Persistent Pain Pathway	PFD	Elective Care	Live QIPP	Implement a revised pathway for the management of patient with persistent pain, subsequent work has been undertaken with PAHT to review the proposed local pathway against the national back pain pathway, to ensure these are aligned where appropriate, recognising that not all elements could be implemented at this stage.	On Track	-	-	-	238,988	-
GIEC-01.001	Gastro-Intestinal Pathway Design	PFD	Elective Care	Live QIPP	Implement pathways for Chronic constipation, Chronic Diarrhoea and IBS/Functional Bowel Disease Pathway, Dyspepsia/GORD pathway, Suspected IBD pathway, Review and management of ascites - ambulatory care model for ascetic drains and Abnormal LFTs Pathway						
CVDEC-01.001	Integrated Community Cardiology Service	PFD	Elective Care	Live QIPP	Following agreement by the QIPP Governance Panel in June 16 to progress plans to develop an Integrated Community Cardiology Service, PAHT and PCFT were approached to work with the CCG to develop patient pathways for this service. Both trusts identified key members of their managerial and clinical team to work with the CCG and PAHT have been identified as the lead provider for this project.	On Track	-	400,000	-	-	-
16/17MM005	High Cost Drugs	PFD	Medicine Optimisation	Live QIPP	The aim of the scheme is to identify and deliver savings in the High Cost Drugs recharged to the CCG from Pennine Acute Trust.	On Track	88,192	154,474	377,263	-	-
16/17EC014b	Clinically Appropriate Blood Testing	PFD	Elective Care	Live QIPP	The first phase, which is currently underway concerns specific tests - Vitamin D deficiency and ESR (erythrocyte sedimentation rate). New local guidance was drafted and communicated to GPs. Monitoring is underway. This project brief concerns 'Phase 2'. Phase 2 proposes to extend the scheme to a range of other tests including: TSH, B12 & Folate, Ferritin, HbA1c, Troponin, D-dimer, Urea. July figure £31k is cumulative savings Apr-Jul	On Track	109,704	-	-	-	-
16/17UC003	Sub Acute Rehab	PFD	Urgent Care	Live QIPP	Review of consultant cover, sub-acute rehabilitation, and crisis bed usage	Behind Schedule	-	-	-	-	-
MedOps	Medicine Optimisation - Invest to save 17/18	PFD	Medicine Optimisation	Live QIPP	This involves several medicines optimisation schemes, including baby milk, carbocisteine, dicycloverine, buprenorphine reviews and pregabalin switches <ul style="list-style-type: none"> <li>o Baby milk review</li> <li>o Pregabalin switch</li> <li>o Buprenorphine review</li> <li>o Dicycloverine review</li> <li>o Carbocisteine review</li> </ul>	Behind Schedule	288,580	-	-	-	-
							<b>486,476</b>	<b>554,474</b>	<b>377,263</b>	<b>238,988</b>	<b>-</b>